

POS 000130440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

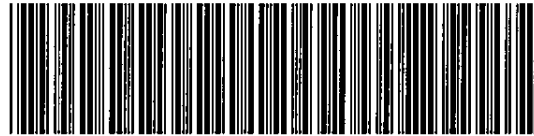
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THA
OFFICE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MasterTrust Corp
(Name of Corporation)

DOCUMENT NUMBER: P05000130440

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSUALDO VILA
(Name of Person)

Mastertrust Corp.
(Name of Firm/Company)

8770 SW 72 ST suite # 219
(Address)

MIAMI, FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

OSUALDO VILA at (305) 351-6771
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ariel Rodriguez, hereby resign as Manager (Title)

of MasterTrust Corp. (Name of Corporation)

P05000130440, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

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06 OCT 12 PM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314